***PAUNAWA****: Isulat sa* ***MALALAKING TITIK*** *(UPPERCASE) ang pag fill-out ng form.*

OPD Number: **${opd\_number}** | LINE NUMBER: **#{$line\_number}**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| \*Surname/Apelyido:  **${last\_name}** | \*First Name:  **${first\_name}** | | | Middle Name:  **${middle\_name}** | Suffix (e.g JR, SR, III, IV):  **${suffix}** | |
| \*Complete Address: *(House/Lot Nos., Street, Subd., Sitio/Purok)*  **${complete\_address}** | | | | \*Barangay:  **${barangay}** | \*Municipality / City:  **${city}** | |
| \*Date of Birth (MM-DD-YYYY):  **${bdate}** | \*Age:  **${age}** | | \*Sex (M/F):  **${sex}** | \*Civil Status:  **${cs}** | \*Contact Number/s:  **${get\_contactno}** | |
| Philhealth PIN (If Applicable):  **${philhealth}** | Email Address:  **${email}** | | | Name of Mother:  **${mother\_name}** | Name of Father:  **${father\_name}** | |
| Name of Spouse (If Applicable):  **${spouse\_name}** | | If minor, responsible person/guardian:  **${minor\_guardian}** | | | | Relationship:  **${guardian\_res}** |

|  |
| --- |
| \*Chief Complain:  **${chief\_complain}** |

\*Doctor’s Note:

Assessment:

${list\_assessment}

Plan of Action:

${list\_plan}

${rx}

Diagnostic Procedure:

${list\_diag}

|  |  |
| --- | --- |
| \*Date/Time of Consultation: | ${con\_date} |
| \*Temperature: | ${temp} |
| Blood Pressure (BP): | ${bp} |
| Height (HT): | ${height} |
| Weight (WT): | ${weight} |
| Respiratory Rate (RR): | ${rr} |
| Purse Rate (PR): | ${pulse} |

|  |  |
| --- | --- |
| \***Signs and Symptoms:**  (Please check if applicable) | |
| List of Symptoms | Date of Onset |
| ${s1c} Abdominal Pain | ${abdoons} |
| ${s2c} Altered Mental Status | ${amsons} |
| ${s3c} Animal Bite | ${abtons} |
| ${s4c} Cough | ${couons} |
| ${s5c} Colds/Coryza | ${colons} |
| ${s6c} Conjunctivitis | ${conons} |
| ${s7c} Eating Disorder | ${eatons} |
| ${s8c} Fatigue | ${fatons} |
| ${s9c} Fever | ${fevons} |
| ${s10c} Headache | ${hedons} |
| ${s11c} Joint Pain | ${joions} |
| ${s12c} Jaundice | ${jauons} |
| ${s13c} Loss of Smell | ${losons} |
| ${s14c} Loss of Taste | ${lotons} |
| ${s15c} Muscle Pain | ${musons} |
| ${s16c} Nausea | ${nauons} |
| ${s17c} Paralysis | ${parons} |
| ${s18c} Rash | ${rasons} |
| ${s19c} Sore Mouth | ${sormons} |
| ${s20c} Sore Throat | ${sortons} |
| ${s21c} Shortness of Breath | ${shoons} |
| ${s22c} Vomiting | ${vomons} |
| ${s23c} Weakness of Extremities | ${weaons} |
| ${s24c} Others | ${othons} |

**${doctor\_name}**

${doctor\_position}

Reg. No. ${doctor\_regno}